

NAPA COUNTY HEALTH & HUMAN SERVICES
REQUEST FOR SPECIALIZED CARE RATE / INITIAL CLOTHING ALLOWANCE

Child's Name _____ D.O.B. _____ Case No. _____

Payee Name _____ Effective Date _____

\$201.00 _____ **Initial Clothing Allowance** (one time only, receipts must be provided within 60 days)

AMOUNT
REQUESTED

SPECIAL CARE CATEGORY

\$77.00 _____ **Soiling of Pants** (allowed for children who continue to soil after age 2 ½)

\$37.00 _____ **Bedwetting** (or regular wetting of pants, allowed for children who continue wetting after age 2 ½)

\$76.00 _____ **On-going School Problems** (including poor attendance, grades, peer relations, etc.)

\$116.00 _____ **Intensive Care** (for child who requires intensive care, beyond the normal range for children of the same age, due to developmental, medical, physical and/or psycho-social conditions.)

\$116.00 _____ **Intensive Supervision** (for child who has a pattern of defiance, damaging property, stealing, disruptive behavior, running away, etc.)

\$ _____ **SUBTOTAL OR TOTAL REQUESTED**

Submitted by _____ Approved by _____
Case Worker Date Supervisor Date

\$481.00 _____ **High Risk / SED Behavior Management** (for child exhibiting serious emotional disturbance and high-risk, aggressive, destructive or abnormal behaviors that lead to substantial impairment in the areas of self-care, family relationships, and performance at school or in the community. Requires continuous, intensive supervision and frequent pro-active one-to-one intervention by the foster parent to enable child/youth to benefit from a stable home environment in the community. Foster parent has experience, training, or specialized skills for working with high-risk children/youth, and actively participates in all services, meetings and trainings recommended by the placing agency.)

Supervisor Signature _____ Social Services _____ Mental Health

Manager Signature _____ **Date** (required every 6 months)

\$ _____ **County Supplement:** _____

Manager's Signature _____ Social Services _____ Mental Health

\$ _____ **TOTAL REQUESTED**

Original – Foster Care EW
Copy – Service Case